

Gold Star License Plates Request for Certification Letter

Your Name:			_
Veteran Full N	Jame:		_
Veteran Date o	of Death:		<u> </u>
Mailing Addre	ess:		_
			<u> </u>
Telephone Nur	mber:		_
mailing this fo	rm and supporting document	eir Gold Star License Plate Certification such as the copy of official ath notice of the service member,	Department of Defense
Attn: (PO Box	ngton State Department of Gold Star License Plate Cer x 41150 pia WA 98504-1150	•	
	g one of the following to a U		gton State Department of Veteranser who died while in the service,
	f their service — Please Select	t Eligibility Criteria Below:	
or as a result of	f their service — Please Select other or Birth Father	t Eligibility Criteria Below: Stepmother or Stepfather	
or as a result of Birth Mo			
or as a result of Birth Mo Mother of	other or Birth Father	Stepmother or Stepfather	
or as a result of Birth Mo Mother of Adopted Adult wi	other or Birth Father or Father through adoption I Child Sibling	Stepmother or Stepfather Biological Child Sibling such as foster parent, kinship car	re provider, or caretaker
Birth Mo Mother of Adopted Adult wirelative. Widow of such as of	other or Birth Father or Father through adoption I Child Sibling ho fulfilled the parental role, (Additional documentation roly) or widower (If the service me	Stepmother or Stepfather Biological Child Sibling such as foster parent, kinship carrequired.) ember died as a result of their ser	-
Birth Mo Mother of Adopted Adult wirelative. Widow of such as of	other or Birth Father or Father through adoption I Child Sibling ho fulfilled the parental role, (Additional documentation ror widower (If the service meligibility for DIC, or other december of the control of the con	Stepmother or Stepfather Biological Child Sibling such as foster parent, kinship carrequired.) ember died as a result of their ser	rvice, please include verification service connected disability as the

^{*}If the person applying for a Gold Star License Plate is not listed on the Report of Casualty or Death Notice, WDVA will require additional information to verify familial status. Please call 1-800-562-2308.